

PART B - FEE(S) TRANSMITTAL

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27727 7590 05/23/2006

PEDERSEN & COMPANY, PLLC
P.O. BOX 2666
BOISE, ID 83701



08/29/2006 RMEBRAH1 00000072 10667294
01 FC:2501 700.00 0P
02 FC:1504 300.00 0P
03 FC:8001

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/667,294	09/16/2003	Tracy P. Roesler	3504	8402

TITLE OF INVENTION: FLOOR VINYL REPAIR TECHNIQUE AND TOOL

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$1000	08/23/2006
EXAMINER		ART UNIT		CLASS-SUBCLASS	
FISCHER, JUSTIN R		1733		156-094000	

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list:
(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

- 1 Pedersen & Co., PLLC
2 Ken J. Pedersen
3 Barbara S. Pedersen

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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 Publication Fee (No small entity discount permitted)
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 The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 502236 (enclose an extra copy of this form).

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- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Typed or printed name

Barbara S. Pedersen

Date

8-21-06

Registration No.

36,237

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